FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

PAIGN DISCLES AND

2011 JAN 19 PM 12: 06

COMMITTEE NAME (Must be same as on Statement of O	rganization)		$\mathcal{U}(\mathcal{U})$
Tom brossin Election	Campaign	- 1	ORM
IMPORTANT: Indicate by # type of committee you are reporting to			DR-2 DISCLOSURE
(1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Ca	ndidate (7) School Board or Other Political	(Re	ev. 12/2009) REPORT
Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Beliot Issue	of Board or Other Political Subdivision PAC (For	Office Use Only
CANDIDATE COMMITTEES ONLY:		•	nm. #
Candidate Name	Political Party (if applicable)	1	ged In S ()
Ton Woodn	Den	- 1	nned SW
Office Sought	District (if Senate or House)	1	ited
Office Sought UNION COUNTY Superiorison		•	
Late reports are subject to possible civil and criminal penalties. Find candidate's committee, and the chairperson, for any other type of	Pursuant to Iowa Code sections 68B.32A(7) are formittee, is the individual responsible for f	nd 68A. iling tim	401(3), the candidate, for a sely and accurate reports.
RDR EFyod	641-782-4378		1-16-11
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SIGNED
I AM FILING A JAW JOIN	REPORT FOR (1) ELECTION /(2)N	ION-EI	ECTION YEAR.
(report date)	Indicate by #]	
☐CHECK IF AMENDMENT TO REPORT DATED	-Lq - 10	Commi	ittees, enter Date of Election
]		HOIO
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	of Dissolution Form DR-3.		al Committees, enter County in
. (100 mast continue to the reports than a DK-2 is life	ed.)	Electio	n is held
STATEMENT OF CASH ON HAM	ND .		
CASH ON HAND at the beginning of the reporting period. (1	Total of all funds held by the		
CASH ON HAND at the beginning of the reporting period. (1 committee. This amount MUST be the same as the	Fotal of all funds held by the each on hand at the end	¢	(558 K)
CASH ON HAND at the beginning of the reporting period. (1 committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	Fotal of all funds held by the each on hand at the end	\$	558,62
CASH ON HAND at the beginning of the reporting period. (1 committee. This amount MUST be the same as the of the last reporting period or must be zero if this is ADD TOTAL MONEY TAKEN IN THIS PERIOD	Fotal of all funds held by the each on hand at the end first report filed.)	•	<u>558,62</u>
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(Includi	ing candidate's personal fur	ads)	ļ.	(Rev. u/	703) RECEI	715
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Ton	L3 vioco	ration Compaign				
STATE CANDIDA NUMBER AND THE DISCLOSURE BOA	- FAC CHECK NUMBER IN	BUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAIL	N COMMITTEE), L LABLE FROM THE	IST THE P	AC IDENTIFICATION	DN IGN
NOTE: ANY PER RESPONSIBILIT	RSON, OTHER THAN AN IES AND SHOULD IMME	INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO DIATELY CONTACT THE BOARD.	O YOUR CAMP	AIGN MA	NY HAVE FILING	
CAUTION: Sec commercial purp	tion 68B.32A(6), prohibi pose by any person othe	ts the use of information copied from reports and stater or than statutory political committees.	ments for solicit	ing contri	ibutions or for ar	ny
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATION TO CANDI (if applica	DATE*	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
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committee. Relation marriage). If sur	onship must be shown to the name of contributor is the	es to disclose the relationship of any relative making a contribu e third degree of consanguinity (blood relatives) and affinity (re same as candidate, but there is no in the relationship column.	ition to the elatives by	Page		<u> </u>

SCHEDULE

(Rev. 07/03)

MONETARY

(for Schedul® A)

RECEIPTS

Reset Form

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B	MONETARY
(Rev. 07/03)	EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Mu	st be same as on St	tatement of Organization)	
Ton Wood	ow Election	Campagn	
CANDIDA	TE NAME AN	ID ADDRESS TO MUCH	

10	m Woodw	Theorem Campaign		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
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	CK# 1005	Voivosa		\$
	ID#	Ton Woodin	A - 2 - 1	
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1-2-11	CK# 1008	Ton Woodin	GAS	21.68
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SUB-TOTAL

\$ 583.02

TOTAL (if last page of this schedule)

58302

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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